

**APPLICATION FOR LIQUOR LICENSE
PARTNERSHIP INSERT – FORM 2**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

NAME OF PARTNER:

Last Name _____

First Name _____ MI _____

Home Address _____ City _____

Home Telephone Number _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

Are you married? ☐ Yes ☐ No If yes, complete the following:

Spouses Name (Last, First, Middle)

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

NAME OF PARTNER:

Last Name _____

First Name _____ MI _____

Home Address _____ City _____

Home Telephone Number _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

Are you married? ☐ Yes ☐ No If yes, complete the following:

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NAME OF PARTNER:

Last Name _____

First Name _____ MI _____

Home Address _____ City _____

Home Telephone Number _____

Social Security Number _____ Date of Birth _____

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